| ATTORNEY OF | PARTY WITHOUT ATTORNEY (Name and Address) | TELEPHONE NUMBER | FOR COURT USE ONLY |
|------------------------------------------------------------------|-------------------------------------------|------------------|--------------------------------------------------------|
| Rosemary So | capicchio SBN 558312 | (617) 263-7400 | |
| LAW OFFICES OF ROSEMARY SCAPICCHIO | | | |
| 107 UNION WHARF | | | |
| BOSTON, MA | 02109 | | |
| ATTORNEY FO | R Plaintiff | | |
| DISTRICT COURT, BOSTON 1 Courthouse Way Ste 2300 Boston, MA 2210 | | | |
| SHORT TITLE O Steiner, Ina v. | F CASE Stockwell, Stephanie | | |
| DATE: | TIME: DEP./DIV. | | CASE NUMBER; |
| | | | 1:21-CV-11181-DPW |
| Proof of Service | | | Ref. No. or File No: Steiner V. Stockwell and Wymer |

. At the time of service I was at least 18 years of age and not a party to this action, and I served copies of the:

SUMMONS; CIVIL COMPLAINT IN THE CASE OF INA STEINER, ET AL. V. eBay, INC. ET AL;

. Party Served: STEPHANIE STOCKWELL - white, female, 20+, 5'1, 140lbs, brown hair

Address: 326 Cayuga St, Santa Cruz, CA 95062

On: 8/18/2021

At: 08:20 PM

I served the Party named in item 2, by personal delivery

erson attempting service:

a. Name: CHRISTOPHER KULVICKI

b. Address: P.O. Box 5383, Walnut Creek, CA 94596

c. Telephone number: 800-675-6666 d. The fee for this service was: 160.00



declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

CHRISTOPHER KULVICKI

Date: 08/23/2021

CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

| State of California | } |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| County of Manter on | . } |
| On <u>08-25-21</u> before me, _ | +-Siga Notan Public, (Here insert hame and title of the officer) |
| name(s) is/are subscribed to the within he/she/they executed the same in his/h | ractory evidence to be the person(s) whose instrument and acknowledged to me that er/their authorized capacity(ies), and that by ent the person(s), or the entity upon behalf of |
| I certify under PENALTY OF PERJURY the foregoing paragraph is true and cor | under the laws of the State of California that rect. |
| WITNESS my hand and official seal. Notary Public Signature (No. | K. SIGALA Notary Public - California Monterey County Commission # 2344697 My Comm. Expires Feb 1, 2025 |
| ADDITIONAL OPTIONAL INFORMATION DESCRIPTION OF THE ATTACHED DOCUMENT Title or description of attached document) Title or description of attached document continued) Number of Pages Document Date | INSTRUCTIONS FOR COMPLETING THIS FORM This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law. State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment. Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of notarization. |
| CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer (Title) Partner(s) Attorney-in-Fact Trustee(s) Other 015 Version www.NotaryClasses.com 800-873-9865 | Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording. The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form. Signature of the notary public must match the signature on file with the office of the county clerk. Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document. Indicate title or type of attached document, number of pages and date. Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary). Securely attach this document to the signed document with a staple. |